

State: Arkansas **Filing Company:** The Guardian Life Insurance Company of America
TOI/Sub-TOI: H20G Group Health - Vision/H20G.000 Health - Vision
Product Name: 9884AR
Project Name/Number: /

Filing at a Glance

Company: The Guardian Life Insurance Company of America
Product Name: 9884AR
State: Arkansas
TOI: H20G Group Health - Vision
Sub-TOI: H20G.000 Health - Vision
Filing Type: Form
Date Submitted: 12/28/2012
SERFF Tr Num: GARD-128827734
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num:

Implementation: On Approval
Date Requested:
Author(s): Victoria Arama, Marilyn Young, Denise Goettinger
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 01/02/2013
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** The Guardian Life Insurance Company of America
TOI/Sub-TOI: H20G Group Health - Vision/H20G.000 Health - Vision
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General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Group Market Type: Employer Overall Rate Impact:
Filing Status Changed: 01/02/2013
State Status Changed: 01/02/2013 Deemer Date:
Created By: Victoria Arama Submitted By: Victoria Arama
Corresponding Filing Tracking Number:

Filing Description:

This policy and certificate insert filing provides an optional vision benefit in which certain covered vision services and supplies can be received from Affiliate Providers in addition to VSP Preferred Providers. The forms we are submitting contain enhancements to the first Affiliate Provider filing previously approved by the state. We have attached the redline copies to identify the revisions.

Company and Contact

Filing Contact Information

Victoria Arama, State Filing Support victoria_arama@glic.com
Coordinator
7 Hanover Square 212-598-7971 [Phone]
New York, NY 10004 212-919-3339 [FAX]

Filing Company Information

The Guardian Life Insurance CoCode: 64246 State of Domicile: New York
Company of America Group Code: 429 Company Type: Life
7 Hanover Square Group Name: State ID Number:
New York, NY 10004 FEIN Number: 13-5123390
(212) 598-8704 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: \$50 x 2 forms = \$100.
Per Company: No

Company	Amount	Date Processed	Transaction #
The Guardian Life Insurance Company of America	\$100.00	12/28/2012	66075878

SERFF Tracking #:	GARD-128827734	State Tracking #:	Company Tracking #:
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/02/2013	01/02/2013

SERFF Tracking #:	GARD-128827734	State Tracking #:	Company Tracking #:
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Disposition

Disposition Date: 01/02/2013

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Variable Memo.	Approved-Closed	Yes
Supporting Document	Act. Memo.	Approved-Closed	No
Supporting Document	Redlined forms and var. memo.	Approved-Closed	Yes
Form	Services and Supplies Received from Affiliate Providers	Approved-Closed	Yes
Form	Services and Supplies Received from Affiliate Providers	Approved-Closed	Yes

State:	Arkansas	Filing Company:	The Guardian Life Insurance Company of America
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Form Schedule

Lead Form Number: GP-1-VSN-13-AFFIL								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 01/02/2013	Services and Supplies Received from Affiliate Providers	GP-1-VSN-13-AFFIL	POLA	Initial		0.000	GP-1-VSN-13-AFFIL_v1 12-4-12_.pdf
2	Approved-Closed 01/02/2013	Services and Supplies Received from Affiliate Providers	CGP-3-VSN-13-AFFIL	CERA	Initial		0.000	CGP-3-VSN-13-AFFIL_v1 12-4-12_.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Services and Supplies Received from Affiliate Providers: Vision care services and supplies that are covered by this Plan when received from a Preferred Provider or a Non-Preferred Provider may also be covered by this Plan when such services and supplies are received from an Affiliate Provider, subject to the limitations and exclusion below.

If services and supplies are received from an Affiliate Provider, We pay benefits for covered charges, after the Copayment, as shown below:

¹ [SERVICES AND SUPPLIES	AFFILIATE PROVIDER - COSTCO	OTHER AFFILIATE PROVIDERS
Eye Exam - one in any ² [12 month Benefit Period.]	Covered In Full.	Covered In Full.
Standard Lenses – one pair in any ² [12 month Benefit Period.]		
• Single Vision	Covered In Full. (Not all lens types may be available at all locations.)	Covered In Full. (Not all lens types may be available at all locations.)
• Bifocal	Covered In Full. (Not all lens types may be available at all locations.)	Covered In Full. (Not all lens types may be available at all locations.)
• Trifocal	Covered In Full. (Not all lens types may be available at all locations.)	Covered In Full. (Not all lens types may be available at all locations.)
• Lenticular	Not Available.	Covered In Full. (Not all lens types may be available at all locations.)
Lens Options - once in any ² [12 month Benefit Period.]	Covered In Full. (Not all lens options may be available at all locations.)	Covered In Full. (Not all lens options may be available at all locations.)
Standard Frames - one set in any ² [12 month Benefit Period.]	Covered In full up to ³ [\$65.00] . • No discount available on charges in excess of the benefit amount.	Covered In full up to ⁴ [\$120.00] .
Elective Contact Lens - one pair in any ² [12 month Benefit Period.]		
• Contact Lens (Materials Only)	Covered In full up to ⁵ [\$120.00] .	Covered In full up to ⁵ [\$120.00] .]

Limitations and Exclusions:

1. Limitations and exclusions of benefits described in the Plan for VSP Preferred Providers shall also apply to services and supplies received from Affiliate Providers.
2. If a service or supply is not covered by this Plan when received from a Preferred Provider or a Non-Preferred Provider, such service or supply is not covered by this Plan when received from an Affiliate Provider.
3. Services and supplies received from an Affiliate Provider are in lieu of services and supplies received from a VSP Preferred Provider or a Non-Preferred Provider. Membership may be required in order to access benefits through an Affiliate Provider. Membership fees are not covered under this Plan.

4. We do not cover charges for:

- ⁶ [• Medically Necessary Contact Lenses.
- Safety Glasses.
 - Interim Benefits.
 - Primary Eye Care.
 - Diabetic Eye Care Plus Program.]

Definitions:

The following definition is added to the definitions shown in the Plan.

The term "Affiliate Provider" means vision care providers who are not contracted as VSP Preferred Providers but who have agreed to bill VSP directly for covered vision services and supplies provided as set forth in this section. Not all Affiliate Providers may be able to provide all such covered vision services and supplies. Covered Persons should discuss requested services with their provider or contact VSP Customer Care at ⁷ [(800) 877-7195] for details.

The following definition replaces the definition of the term "Copayment" as it is shown in the Plan.

The term "Copayment" means a charge, expressed as a fixed dollar amount, required to be paid by, or on behalf of, a Covered Person to a Preferred Provider or an Affiliate Provider at the time covered vision services or supplies are received.

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• Bifocal	Covered In Full. (Not all lens types may be available at all locations.)	Covered In Full. (Not all lens types may be available at all locations.)
• Trifocal	Covered In Full. (Not all lens types may be available at all locations.)	Covered In Full. (Not all lens types may be available at all locations.)
• Lenticular	Not Available.	Covered In Full. (Not all lens types may be available at all locations.)
Lens Options - once in any ² [12 month Benefit Period.]	Covered In Full. (Not all lens options may be available at all locations.)	Covered In Full. (Not all lens options may be available at all locations.)
Standard Frames - one set in any ² [12 month Benefit Period.]	Covered In full up to ³ [\$65.00] . • No discount available on charges in excess of the benefit amount.	Covered In full up to ⁴ [\$120.00] .
Elective Contact Lens - one pair in any ² [12 month Benefit Period.]		
• Contact Lens (Materials Only)	Covered In full up to ⁵ [\$120.00] .	Covered In full up to ⁵ [\$120.00] .]

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4. We do not cover charges for:

- ⁶ [• Medically Necessary Contact Lenses.
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TOI/Sub-TOI:	H20G Group Health - Vision/H20G.000 Health - Vision		
Product Name:	9884AR		
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Supporting Document Schedules

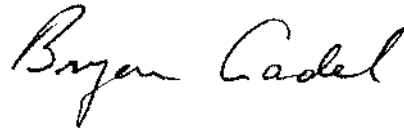
		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	01/02/2013
Comments:			
Attachment(s):			
Cert. of read. 50.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	01/02/2013
Bypass Reason:	N/A		
		Item Status:	Status Date:
Satisfied - Item:	Variable Memo.	Approved-Closed	01/02/2013
Comments:			
Attachment(s):			
VarMem _v1 12-04-12_.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Redlined forms and var. memo.	Approved-Closed	01/02/2013
Comments:			
Attachment(s):			
GP-1-VSN-13-AFFIL _dv3 12-3-12_ Redline.pdf			
CGP-3-VSN-13-AFFIL _dv3 12-3-12_ Redline.pdf			
VarMem _12-03-12_ Redline.pdf			

CERTIFICATION OF READABILITY

Form number(s): GP-1-VSN-13-AFFIL, et al

The undersigned individuals have carefully reviewed, and know the contents of, the filing submitted herewith, and except as qualified, do hereby certify the following:

1. The said form(s) meet the minimum reading ease requirements of your jurisdiction.
2. The captioned form(s) have a Flesch reading ease test score of at least 50 with no exemptions.
3. The said form(s) are printed in 10-point or larger type.



(Signature of Officer)



Date: 12/27/12_____

Group Contracts

VARIABLE MEMORANDUM

Throughout the captioned forms, variable language is indicated and numbered to correspond with the explanations in this memorandum.

The purposes of including certain sections of the form as variable are to meet underwriting requirements, enable modifications according to policyholder requests, and address changes in statutory requirements.

GP-1-VSN-13-AFFIL, CGP-3-VSN-13-AFFIL

1. One or more of the listed services or supplies may be deleted, depending upon the plan selected by the policyholder. We reserve the right to make formatting changes.
2. This item may vary. The range of values for this item is from 12 months through 24 months. It can also be expressed in either one or two calendar years.
3. This item may vary. The range of values for this item is from \$65.00 through \$110.00.
(Affiliate Provider Costco standard frames maximum)
4. This item may vary. The range of values for this item is from \$120.00 through \$200.00.
(Other Affiliate Provider standard frames maximum)
5. This item may vary. The range of values for this item is from \$120.00 through \$200.00.
(Costco and Other Affiliate Provider elective contact lens maximum)
6. One or more of the listed exclusions may be deleted, depending upon the plan selected by the policyholder.
7. The telephone number may change.

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Standard Frames - one set in any ² [12 month Benefit Period.]	Covered In full up to ³ [\$65.00] . • No discount available on charges in excess of the benefit amount.	Covered In full up to ^{3,4} [\$65 120.00] . • No discount available on charges in excess of the benefit amount.
Elective Contact Lens - one pair in any ² [12 month Benefit Period.]		
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4. We do not cover charges for:

⁵⁻⁶ [• Medically Necessary Contact Lenses.

~~• Extra Contact Lenses.~~

- Safety Glasses.
- Interim Benefits.
- Primary Eye Care.

~~• Contact Lens Fitting & Evaluation.~~

- Diabetic Eye Care Plus Program.]

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GP-1-VSN-~~44~~13-AFFIL, CGP-3-VSN-~~44~~13-AFFIL

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3. This item may vary. The range of values for this item is from \$65.00 through \$110.00.
(Affiliate Provider Costco standard frames maximum)
- ~~3.4.~~ This item may vary. The range of values for this item is from \$120.00 through \$200.00.
(Other Affiliate Provider standard frames maximum)
- ~~4.5.~~ This item may vary. The range of values for this item is from \$120.00 through \$~~150.00~~200.00.
(Costco and Other Affiliate Provider elective contact lens maximum)
- ~~5.6.~~ One or more of the listed exclusions may be deleted, depending upon the plan selected by the policyholder.
- ~~6.7.~~ The telephone number may change.